

Casper Animal Medical Center Elective Surgery Admission

Date: _____

Client Name: _____ Pet Name: _____

I consent and authorize Casper Animal Medical Center to perform the following procedures(s) or operation(s) on my pet: _____

Please indicate only **one** contact person, and **one** phone number they will answer (NOT a message phone):

Printed name: _____ Phone #: _____

To ensure best care for ALL our patients, please wait for us to call you with updates on your pet.

I understand that if my pet is not current on its Rabies vaccination, and should my pet be healthy enough to respond to the vaccine, the vaccine will be given and the fee added to the invoice.

Procedures requiring anesthesia are always associated with a certain amount of risk, whether the patient is a person or a pet. Like you, we want to minimize the risk as much as possible. This requires a complementary pre surgical physical exam. General anesthesia has become safer in recent years with the advance of new drugs and better patient monitoring. Some conditions may not, however, be evident on a physical exam. **To better ensure your pets safety during anesthesia, we will perform age appropriate blood work that the doctor deems necessary.** Maximum cost of blood-work depending on the animal's age is \$141.45. You will receive a phone call if there are ANY concerns regarding your animal's blood work.

In the event of an emergency, a pre-placed intravenous catheter allows more rapid administration of life saving drugs. All patients undergoing surgery will have a catheter in place. Our pets do not show pain as we do. They do not complain as loudly as we do and they accept levels of pain that we can only imagine. It has been shown that humans recover better and faster if they are pain free, it is the same with our pets. We will administer a post operative pain injection and pain medications will be sent home. The price for these medications will vary on size and species of the animal.

I UNDERSTAND THE PROCEDURES TO BE PERFORMED AND THE RISKS ASSOCIATED WITH THOSE PROCEDURES. IF ANY SEVERE ANESTHETIC OR SURGICAL COMPLICATIONS ARISE, I CHOOSE FOR MY PET:

CARDIOPULMONARY RESUSCITATION AND EMERGENCY CARE. _____ **(initials)**

This may include the administration of IV fluids and emergency medication to restore heart function, respiratory function or blood pressure, as determined important by the attending veterinarian.

*****OR*****

DO NOT RESUSCITATE. _____ **(initials)** In the event of anesthetic or surgical complications, including cardiac arrest, blood pressure complications, or respiratory arrest, emergency resuscitative attempts will not be made.

Microchip \$40.00: (initials) Accept _____ Decline _____
(Regular price: \$58.50)

Hip Screen \$83.50: (initials) Accept _____ Decline _____

Heartworm Test \$32.50: (initials) Accept _____ Decline _____

Scrotal removal for older male dogs \$85.00: (initials) Accept _____ Decline _____

Gastropexy (stomach tack) \$314.45: (initials) Accept _____ Decline _____

I understand that my pet may be considered abandoned if Casper Animal Medical Center has not heard from me within 7 days of the expected date of discharge. Casper Animal Medical Center is authorized to dispose of my pet as best deemed, including euthanasia (putting to sleep), and I am still financially responsible for all charges accrued. I further understand that no guarantee of successful treatment has been made. I certify that I understand this release, and furthermore assume responsibility of all charges accrued.

FULL PAYMENT IS REQUIRED AT TIME OF SERVICE
THANK YOU

By signing below I am acknowledging that I have fully read and understand these terms.

Signature: _____ Date: _____

**Any animals staying overnight for surgical procedures
need to be picked up between 8:30am-10:00am.
Animals left past 10:00am the day following surgery
will be charged one day's hospitalization fee.**